

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
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July 2, 1990
Letter No.: 90-63

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: CHANGES IN COPAYMENT FOR MEDICAL SERVICES

The enclosed chart is being sent to Medi-Cal providers. The chart is self-explanatory and the revision marked. This update is being made to correct a previous omission on the chart. No beneficiary notice will be issued, since family planning services or supplies have been listed on previous beneficiary notices as being exempt. Although most providers are aware of this exemption, we neglected to include it on the chart.

Any questions should be directed to Terri Stackpole, Department of Health Services, Benefits Branch, at (916) 324-2496.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Medi-Cal Copayment Criteria

Services Subject to Copayment	Copay- ment Fee	Exceptions to Fee
NONEMERGENCY SERVICES PROVIDED IN AN EMERGENCY ROOM A nonemergency service is defined as "any service not required for alleviation of severe pain or the immediate diagnosis and treatment of severe medical conditions which, if not immediately diagnosed and treated, would lead to disability or death." Such services provided in an emergency room are subject to copayment.	\$5.00	1. Persons age 18 or under. 2. Any woman during pregnancy and the postpartum period (through the end of the month in which the 60-day period following termination of pregnancy ends). 3. Persons who are inpatients in a health facility (hospital, skilled nursing facility or intermediate care facility).
OUTPATIENT SERVICES Physician, optometric, chiropractic, psychology, speech therapy, audiology, acupuncture, occupational therapy, podiatric, surgical center, hospital or outpatient clinic, physical therapy.	\$1.00	4. Any child in AFDC-Foster care. 5. Any service for which the program's payment is \$10.00 or less. 6. Any hospice patient.
DRUG PRESCRIPTIONS Each drug prescription or refill.	\$1.00	7. Family planning services or supplies.

Table 1